



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



APPLICATION FOR TOBACCO RETAILER PERMIT

San Diego Municipal Code, Section 33.0101(c) states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and comply with the rules and regulations related to Tobacco Product Sales. Copies of the Tobacco Product Sales Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Phone (619) 533-4000 or via the City's website: www.sandiego.gov (Department, City Clerk, Documents, Municipal Code) **SDMC Chapter 3, Article 3, Division 45, Sections 33.4501 to 33.4518**

YOU MUST SUBMIT COPIES OF THE FOLLOWING ITEMS IF APPLICABLE
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- ☐ **APPLICATION FOR TOBACCO RETAILER PERMIT** An applicant that is a corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete and sign all applications on behalf of the corporate officers and partners.
- ☐ **BUSINESS ADDENDUM**
- ☐ **TOBACCO RETAILER DECLARATION**
- ☐ **IDENTIFICATION** A current U.S. government issued photo identification card (i.e. Driver's License or Military I.D.) is required. Passports are accepted with two supporting documents.
- ☐ **LIVE SCAN FINGERPRINTS** LIVE SCAN LINK <http://ag.ca.gov/fingerprints/publications/contact.php>
Request for Live Scan Service Form (attached)
- ☐ **PARTNERSHIPS** certificate as filed with the Secretary of State (916) 657-5448
- ☐ **ARTICLES OF INCORPORATION; AND AMENDMENTS (TO INCLUDE "STATEMENT OF INFORMATION")**; (619) 525-4113
- ☐ **ALL REGISTERED FICTITIOUS BUSINESS NAMES USED** County Clerk (619) 237-0502.
- ☐ **BUSINESS TAX CERTIFICATE** (619) 615-1500
- ☐ **ALCOHOL BEVERAGE CONTROL (ABC) LICENSE** (619) 525-4064
- ☐ **LEASE OR RENTAL AGREEMENT** (to include name, address of current owner and lessor of the retail business property)
- ☐ Information regarding *licenses* required under the "Cigarette and Tobacco Products Licensing Act of 2003," including, but not limited to; **copies** of *licenses* issued, and **documentation** regarding the reasons for the denial of such *license*.
 - ☐ Retailer's State Cigarette and Tobacco Products License
 - ☐ Distributor's Cigarette and Tobacco Products License
 - ☐ Wholesaler's Cigarette and Tobacco Products License
 - ☐ Cigarette Manufacturers/Importers License
 - ☐ Tobacco Products Manufacturer/Importers License
- ☐ Please make **check, money order** or **cashier's check payable to CITY TREASURER**. Third party, out of state checks and credit cards are not accepted.
- ☐

Regulatory Permit Fee	\$108.00	(annual fee)
Application Fee	<u>55.00</u>	(per applicant and is NON-REFUNDABLE)
Total	\$163.00	



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APPLICATION FOR TOBACCO RETAILER PERMIT

Please check type of ownership and provide verification of filing

- | | |
|--|--|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Husband & Wife Co-Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Registered Domestic Partnership | <input type="checkbox"/> Responsible Managing Officer |
| <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Other (specify) _____ | |

An applicant that is a corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete and sign all applications on behalf of the corporate officers and partners.

Applicant's Full Name: _____

First Middle Last Title

Other Names Ever Used: (Maiden, Alias, Etc.) _____

Eyes _____ Hair _____ Height _____ Weight _____ Race _____ Sex _____

Date of Birth _____ Place of Birth _____

Driver's License / ID No. _____ State _____ Social Security No. _____

Residential Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____ Fax () _____

List each residential address for the last (5) years:

Address City State Zip

From: (Mo/Day/Yr) To: (Mo/Day/Yr)

Address City State Zip

From: (Mo/Day/Yr) To: (Mo/Day/Yr)

Address City State Zip

From: (Mo/Day/Yr) To: (Mo/Day/Yr)

Address City State Zip

From: (Mo/Day/Yr) To: (Mo/Day/Yr)

List employment for the last (5) years:

Employer	Occupation	From: (Mo/Day/Yr)	To: (Mo/Day/Yr)
Address		City	State Zip
Employer	Occupation	From: (Mo/Day/Yr)	To: (Mo/Day/Yr)
Address		City	State Zip
Employer	Occupation	From: (Mo/Day/Yr)	To: (Mo/Day/Yr)
Address		City	State Zip
Employer	Occupation	From: (Mo/Day/Yr)	To: (Mo/Day/Yr)
Address		City	State Zip
Employer	Occupation	From: (Mo/Day/Yr)	To: (Mo/Day/Yr)
Address		City	State Zip

List any license or permit applicant has ever had issued by any agency or board, or any city, county, state or federal agency suspended or revoked, or has had any professional or vocational *license* or *permit* suspended or revoked within five years immediately preceding the application, and reason for suspension or revocation.

IF NONE, INITIAL HERE _____

Type of License	License No.	Dates Held	City	State
Agency	() Suspended () Revoked	Reason:		
Type of License	License No.	Dates Held	City	State
Agency	() Suspended () Revoked	Reason:		
Type of License	License No.	Dates Held	City	State
Agency	() Suspended () Revoked	Reason:		
Type of License	License No.	Dates Held	City	State
Agency	() Suspended () Revoked	Reason:		
Type of License	License No.	Dates Held	City	State
Agency	() Suspended () Revoked	Reason:		
Type of License	License No.	Dates Held	City	State
Agency	() Suspended () Revoked	Reason:		

List ALL criminal *convictions*, including those dismissed pursuant to Penal Code section 1203.4, except traffic infractions, including convictions for PC 415 in satisfaction of, or as a substitute for, an original charge of any tobacco control law. IF NONE, INITIAL HERE _____

<u>DATE</u>	<u>CHARGE</u>	<u>INVESTIGATING AGENCY</u>	<u>LOCATION</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICANTS:

The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I am aware that I am responsible for being familiar with and complying with the rules and regulations related to the police regulated business for which I am applying. The granting of a police permit does not relieve me from obtaining all appropriate permits or approvals required by The City of San Diego, state or federal law. The granting of a police permit does not relieve me from my obligation to comply with all applicable local, state, and federal laws, including those related to building, zoning, and fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business.

In the event of a change of ownership, a new application must be submitted and approved before a *permit* is issued in the name of the new owner. Thirty calendar days after the sale or transfer of any interest to any *person*, the permit shall be null and void, and all police-regulated activity must cease until a new *permit* is issued to the new owner.

Please be advised the information you provide on your application may be subject to public disclosure per the California Public Records Act.

There is a (30) day investigation period that starts at the time your COMPLETE application is submitted. A criminal records check will be made on each applicant.

The application fee is non-refundable.

APPLICANT'S SIGNATURE _____ DATE: _____

APPLICATION ACCEPTED BY _____ DATE _____

APPROVED [] DISAPPROVED [] REASON _____

BY _____ DATE _____



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BUSINESS ADDENDUM - TOBACCO RETAILER

Business Name: _____ D.B.A. _____

Business Address: _____ City & Zip _____

Mailing Address: _____ City & Zip _____

Business Tax Certificate No. _____

List ALL fictitious business names EVER used by applicant and the respective addresses of those businesses:

Fictitious Name	Address	City	State	Zip
Fictitious Name	Address	City	State	Zip
Fictitious Name	Address	City	State	Zip
Fictitious Name	Address	City	State	Zip

If applicant is a corporation:

Name of corporation exactly as shown in its Articles of Incorporation Date of Incorporation State of Incorporation

Names of each current officer and directors and stockholder holding more than 25 percent of the stock of the corporation:

_____ Name	_____ Title	_____ Residential Address
_____ Name	_____ Title	_____ Residential Address
_____ Name	_____ Title	_____ Residential Address
_____ Name	_____ Title	_____ Residential Address
_____ Name	_____ Title	_____ Residential Address

If Partnership, provide the following information of each partner:

Name:	First	Middle	Last
Residence Address	City		State Zip

Name:	First	Middle	Last
Residence Address	City		State Zip

Name:	First	Middle	Last
Residence Address	City		State Zip

Provide the following information if the *permittee* is not directly involved in the day-to-day management of the police-regulated business, or if the *permittee* has other managers in addition to himself.
In the event of a change in such *persons* the applicant shall notify the *Chief of Police* **within thirty calendar days of such a change.**

Name:	First	Middle	Last	Title
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Other Names ever used:

Name:	First	Middle	Last	Title
-------	-------	--------	------	-------

Other Names ever used:

Name:	First	Middle	Last	Title
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Other Names ever used:

APPLICANT'S RETAIL BUSINESS PREMISES ARE ☐ OWNED ☐ RENTED / LEASED

If rented or leased, please provide the following:

Property Owner's Name	Property Owner's Address	Phone No.
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DATE _____ APPLICANT'S SIGNATURE _____

TOBACCO RETAILER DECLARATION

San Diego Municipal Code, Section 33.4505(c)

An applicant for a *police permit* to operate as a *tobacco retailer* shall submit a signed declaration certifying that he or she has not been convicted of or faced administrative action based on violations of the offenses listed in Municipal Code section 33.4510.

§33.4510 Grounds for Denial of Tobacco Retailers Permit

In addition to the grounds for denial stated in Municipal Code section 33.0305(a)-(f), an application for a *police permit* to operate as a *tobacco retailer* shall be denied for any of the following reasons: The applicant has within five years immediately preceding the date of the filing of the application been *convicted* of, suffered any civil penalty, or faced administrative action against any type of *license* for violations of any tobacco control law, including, but not limited to, the following offenses: Penal Code section 308, Business and Professions Code sections 22950, et seq. (“Stop Tobacco Access to Kids Enforcement Act” or the “STAKE ACT”), Business and Professions Code sections 22970, et seq. (“Cigarette and Tobacco Products Licensing Act of 2003”), or a charge of violating a lesser-included or lesser-related offense including, but not limited to, Penal Code section 415, in satisfaction of, or as a substitute for, an original charge of any of the offenses listed in this section.

Applicant’s signature

Date

§33.4517 Grandfather Clause

Notwithstanding Section 33.4510, *convictions* for offenses listed in Section 33.4510 shall not be used to deny an application for a *police permit* under this Division if the date of the *conviction* was prior to the passage of this Division.

REQUEST FOR LIVE SCAN SERVICE

BCII 8018 (3/07)

Applicant SubmissionORI: CA 0371100 Type of Application: Vice Permits & Licensing

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Tobacco Retailer Permit

Agency Address Set Contributing Agency:

San Diego Police Department08228

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431 - MS 735

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San DiegoCA92112-1431(619) 531-2422

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ FemaleMisc. No. BIL - Applicant to Pay

Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ ☐ FBI

If resubmission, list Original ATI

Number:

Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()
Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed